

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/556147 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/		51					
2	/	/	/	/	/	/		52					
3	/	/	/	/	/	/		53					
4	/	/	/	/	/	/		54					
5	/	/	/	/	/	/		55					
6	/	/	/	/	/	/		56					
7	/	/	/	/	/	/		57					
8	/	/	/	/	/	/		58					
9	/	/	/	/	/	/		59					
10	/	/	/	/	/	/		60					
11	/	/	/	/	/	/		61					
12	/	/	/	/	/	/		62					
13	/	/	/	/	/	/		63					
14	/	/	/	/	/	/		64					
15	/	/	/	/	/	/		65					
16	/	/	/	/	/	/		66					
17	/	/	/	/	/	/		67					
18	/	/	/	/	/	/		68					
19	/	/	/	/	/	/		69					
20	/	/	/	/	/	/		70					
21	/	/	/	/	/	/		71					
22	/	/	/	/	/	/		72					
23								73					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓	3	↓		↓		TOTAL IND.		↓		↓	↓
TOTAL DEP.		←	19	←		←		TOTAL DEP.		←		←	←
TOTAL CLAIMS		22						TOTAL CLAIMS					